

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED APR 27 1951**

State File No. **13907**  
**3705**  
Registrar's No. \_\_\_\_\_

**318**

**1003**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2633a Lynch St.</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
		f. STREET ADDRESS (If rural, give location) <b>2633a Lynch St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Walter</b>	b. (Middle) <b>F.</b>	c. (Last) <b>Clasen</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 18, 1951</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>August 3, 1904</b>	<b>9. AGE</b> (In years last birthday) <b>46</b>	<b>10. UNDER 1 YEAR</b> (Months) <b>8</b>	<b>11. UNDER 1 YEAR</b> (Days) <b>15</b>	<b>12. UNDER 1 MIN.</b> (Hours) _____	<b>13. UNDER 1 MIN.</b> (Min.) _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Superintendent Maintenance- Scruggs</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis MO.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Christ Clasen</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Marie Manshardt</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Eleanor Clasen</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____	<b>16. SOCIAL SECURITY NO.</b> <b>488-09-9335</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Eleanor Clasen</b>	<b>ADDRESS</b> <b>2633a Lynch St.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 year</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma of liver</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>156A</b>
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**22. I hereby certify that I attended the deceased from 6/27, 1950, to Apr 18, 1951, that I last saw the deceased alive on Apr 18, 1951, and that death occurred at 5:55A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Tom C. Priggs M.D.</i>	(Degree or title) _____	<b>23b. ADDRESS</b> <b>7702 Brown Ave</b>	<b>23c. DATE SIGNED</b> <b>4/19/51</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>4/21/51</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>New St. Marcus Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, MO.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>APR 20 1951</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J B Rasater</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John H. Gebken Sons</b>	<b>ADDRESS</b> <b>2630 Gravois Ave.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert F. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.